

CLAIMS ONLY						Application Number	Filing Date	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Applicant(s)	
	Indep	Depend	Indep	Depend	Indep	Depend		
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50								
Total Indep								
Total Depend								
Total Claims								

\* May be used for additional claims or amendments

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Total Depend						
Total Claims						

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